

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINT ▼Example: If typing, type
over the lines

Lynn Jenkins for Congress

ADDRESS (number and street)
▼

P.O. Box 1441

☐Check if different
than previously
reported. (ACC)

Topeka

KS

66601

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00433730

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

KS

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

11

25

2008

through

12

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Scott Griffith

Signature of Treasurer

Electronically Filed by Scott Griffith

Date

04

11

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Lynn Jenkins for Congress

Report Covering the Period:

From:

M M
1 1D D
2 5Y Y Y Y
2 0 0 8

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	35021.98	64086.98
(b) Total Contribution Refunds (from Line 20(d)).....	2800.00	2800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	32221.98	61286.98
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	44770.39	53347.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	44770.39	53347.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	137733.27	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	101231.75	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name
Lynn Jenkins for Congress

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	5	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	8

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11050.00	14850.00
(ii) Unitemized.....	1215.00	2480.00
(iii) TOTAL of contributions from individuals..... ▶	12265.00	17330.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	22756.98	46756.98
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	35021.98	64086.98
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	116.85	620.08
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	35138.83	64707.06

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	44770.39	53347.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	2800.00	2800.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2800.00	2800.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	47570.39	56147.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	150164.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	35138.83
25. SUBTOTAL (add Line 23 and Line 24).....	185303.66
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	47570.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	137733.27

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Lynn Jenkins for Congress

A.

Full Name (Last, First, Middle Initial)

Eugene C. Beachner

Mailing Address 909 N. Leawood Dr.

City

Parsons

State

KS

Zip Code

67357

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beachner Construction

Occupation

President - contractor

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.11246

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

John B. Dicus

Mailing Address 3149 SW 15th St.

City

Topeka

State

KS

Zip Code

66604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capitol Federal Savings

Occupation

Banking executive

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.11288

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Joseph B. Freeman

Mailing Address 4916 W. 138th St.

City

Leawood

State

KS

Zip Code

66224-1108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer Financial

Occupation

Director

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.11278

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Lynn Jenkins for Congress

A.

Full Name (Last, First, Middle Initial)

Marilyn B. Hebenstreit

Mailing Address 5828 Pembroke Ct.

City

Mission Hills

State

KS

Zip Code

66208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.11287

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Justin D. Hill

Mailing Address 735 Broadview Dr.

City

Lawrence

State

KS

Zip Code

66044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawrence Paper Company

Occupation

Executive

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.11264

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Thomas H. Holcom

Mailing Address 400 W. 49th Terr
#2164

City

Kansas City

State

MO

Zip Code

64113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer Financial

Occupation

President

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.11276

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Lynn Jenkins for Congress

A.

Full Name (Last, First, Middle Initial)

Donald R. Lackamp

Mailing Address 1623 Van Buren

City

Great Bend

State

KS

Zip Code

67530

FEC ID number of contributing
federal political committee.

C

Name of Employer
American State Bank

Occupation

Banking executive

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.11273

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Jerome H. Reilly

Mailing Address 2115 Lecompton Rd.

City

Leavenworth

State

KS

Zip Code

66048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reilly & Sons

Occupation

Owner

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.11240

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Gery Schoenrock

Mailing Address P.O. Box 831

City

Junction City

State

KS

Zip Code

66441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation

Realtor

Receipt For: 2010

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.11285

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Lynn Jenkins for Congress

A.

Full Name (Last, First, Middle Initial)

William P. St. Clair

Mailing Address R.R. 2 Oakhill Rd.

City

Neodesha

State

KS

Zip Code

66757-9802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cobalt

Occupation

Boat manufacturing

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.11249

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Bradley Wiens

Mailing Address 19636 W. 105th Terr

City

Olathe

State

KS

Zip Code

66061

FEC ID number of contributing
federal political committee.

C

Name of Employer
True North Hotel Group

Occupation

Hotel Development

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.11247

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Susan F. Wiens

Mailing Address 148 Lakeshore W.

City

Lake Quivera

State

KS

Zip Code

66217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

Homemaker

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.11270

Amount of Each Receipt this Period

1300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

11050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Lynn Jenkins for Congress

A.Full Name (Last, First, Middle Initial)
BLACK & VEATCH GOOD GOVERNMENT FUNDMailing Address 8400 Ward Parkway
P.O. BoxCity State Zip Code
Kansas City MO 64114FEC ID number of contributing
federal political committee.**C** C00012310

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11C.11282

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)
FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEEMailing Address 50 F Street NW
Suite 900City State Zip Code
Washington DC 20001FEC ID number of contributing
federal political committee.**C** C00193631

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 0 8

Transaction ID: SA11C.11267

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)
FRIENDS OF ROY BLUNTMailing Address PO Box 50100
PO Box 50100City State Zip Code
Springfield MO 65805FEC ID number of contributing
federal political committee.**C** C00304758

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

256.98

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: SA11C.11829

Amount of Each Receipt this Period

256.98

In-kind - travel for fund-
raiser☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional)

6756.98

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Lynn Jenkins for Congress

A.

Full Name (Last, First, Middle Initial)

KCPL POWER PAC - FEDERAL

Mailing Address PO Box 418679

City

Kansas City

State

MO

Zip Code

64141

FEC ID number of contributing
federal political committee.

C C00111310

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11C.11280

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 King Street
Suite 600

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C C00144766

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 8

Transaction ID: SA11C.11283

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

PORTLAND CEMENT ASSOCIATION INC. PCA PAC

Mailing Address 500 New Jersey Avenue NW
7th Floor

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00237065

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: SA11C.11252

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Lynn Jenkins for Congress

A.

Full Name (Last, First, Middle Initial)

Realtors PAC

Mailing Address 430 N. Michigan Ave

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C C00030718

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: SA11C.11238

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT

Mailing Address 600 13th St. NW
Suite 340

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00010470

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 2 / 2 0 0 8

Transaction ID: SA11C.11231

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

WESTAR ENERGY EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 818 SOUTH KANSAS AVENUE

City

TOPEKA

State

KS

Zip Code

66601

FEC ID number of contributing
federal political committee.

C C00390989

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 8

Transaction ID: SA11C.11250

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Lynn Jenkins for Congress

A.

Full Name (Last, First, Middle Initial)

YRC WORLDWIDE INC. PAC

Mailing Address 10990 Roe Ave.

City

Overland Park

State

KS

Zip Code

66211

FEC ID number of contributing
federal political committee.**C** C00090209

Name of Employer

Occupation

Receipt For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	8

Transaction ID: SA11C.11236

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

22756.98

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Lynn Jenkins for Congress

A. Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB17.11307 Date of Disbursement
Mailing Address P.O. Box 8105	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 0 8</div> </div>
City Aurora State IL Zip Code 60507-8105	Amount of Each Disbursement this Period
Purpose of Disbursement phone service campaign hdqtrs Candidate Name	<div> <div></div> <div>94.44</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Dublin Group	Transaction ID: SB17.11311 Date of Disbursement
Mailing Address 6800 West 107th Street Suite 100	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 0 8</div> </div>
City Overland Park State KS Zip Code 66212	Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising consultanting expense Candidate Name	<div> <div></div> <div>12438.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT	Transaction ID: SB17.11830 Date of Disbursement
Mailing Address PO Box 50100 PO Box 50100	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 1 / 2 0 0 8</div> </div>
City Springfield State MO Zip Code 65805	Amount of Each Disbursement this Period
Purpose of Disbursement In-kind - travel for fundraiser Candidate Name	<div> <div></div> <div>256.98</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

12789.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Lynn Jenkins for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Fundraising by Net</p> <p>Mailing Address 1101 Pennsylvania Ave. NW 6th floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Online fundraising expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.11335 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 7.76</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Fundraising by Net</p> <p>Mailing Address 1101 Pennsylvania Ave. NW 6th floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Online fundraising expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.11338 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 8.87</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Joshua Hersh</p> <p>Mailing Address 928 Leavenworth Apt. 2</p> <p>City Manhattan State KS Zip Code 66520</p> <p>Purpose of Disbursement Payroll expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.11293 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1537.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

1553.63

TOTAL This Period (last page this line number only)

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)
Lynn Jenkins for Congress

FEC Schedule B (Form 3) (Revised 02/2003)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Lynn Jenkins for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) INTRUST Bank</p> <p>Mailing Address 1035 S.W. Topeka Blvd</p> <p>City Topeka State KS Zip Code 66612</p> <p>Purpose of Disbursement Credit Card payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.11319</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>2504.07</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Postmaster</p> <p>Mailing Address 424 S Kansas AVE STE 1</p> <p>City Topeka State KS Zip Code 66603</p> <p>Purpose of Disbursement postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.11319.4</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 5 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>840.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Wal Mart</p> <p>Mailing Address 3300 Iowa St.</p> <p>City Lawrence State KS Zip Code 66046</p> <p>Purpose of Disbursement Election night food for volunteers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.11319.12</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 4 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>94.94</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

2504.07

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Lynn Jenkins for Congress

A. Full Name (Last, First, Middle Initial) ElectionMall Technologies, Inc	Transaction ID: SB17.11319.15 Date of Disbursement
Mailing Address 1101 Pennsylvania Ave 6th floor	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 1 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period
Purpose of Disbursement Website service	<div> <div>199.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Patrick Leopold	Transaction ID: SB17.11294 Date of Disbursement
Mailing Address 4241 Briarwood Drive Apt E2	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 0 8</div> </div>
City Lawrence State KS Zip Code 66049	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll expense	<div> <div>3677.59</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Patrick Leopold	Transaction ID: SB17.11300 Date of Disbursement
Mailing Address 4241 Briarwood Drive Apt E2	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 0 8</div> </div>
City Lawrence State KS Zip Code 66049	Amount of Each Disbursement this Period
Purpose of Disbursement General election bonus	<div> <div>3819.79</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

7497.38

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Lynn Jenkins for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Patrick Leopold</p> <p>Mailing Address 4241 Briarwood Drive Apt E2</p> <p>City Lawrence State KS Zip Code 66049</p> <p>Purpose of Disbursement Final payroll expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB17.11327</p> <p>Date of Disbursement <div> <div>12</div> <div>19</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>2627.55</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Joshua K. Lewis</p> <p>Mailing Address 544 N. Salisbury Court</p> <p>City Lawrence State KS Zip Code 66049</p> <p>Purpose of Disbursement Payroll expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB17.11298</p> <p>Date of Disbursement <div> <div>12</div> <div>01</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>2216.74</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Joshua K. Lewis</p> <p>Mailing Address 544 N. Salisbury Court</p> <p>City Lawrence State KS Zip Code 66049</p> <p>Purpose of Disbursement General election bonus</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB17.11301</p> <p>Date of Disbursement <div> <div>12</div> <div>08</div> <div>2008</div> </div> </p> <p>Amount of Each Disbursement this Period <div>2358.94</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

7203.23

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Lynn Jenkins for Congress

A. Full Name (Last, First, Middle Initial) Joshua K. Lewis	Transaction ID: SB17.11303 Date of Disbursement
Mailing Address 544 N. Salisbury Court	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 0 8</div> </div>
City Lawrence State KS Zip Code 66049	Amount of Each Disbursement this Period
Purpose of Disbursement Expense reimbursement	<div> <div>675.42</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Joshua K. Lewis	Transaction ID: SB17.11303.4 Date of Disbursement
Mailing Address 544 N. Salisbury Court	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 8 / 2 0 0 8</div> </div>
City Lawrence State KS Zip Code 66049	Amount of Each Disbursement this Period
Purpose of Disbursement Mileage & toll reimbursement	<div> <div>52.67</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Joshua K. Lewis	Transaction ID: SB17.11303.10 Date of Disbursement
Mailing Address 544 N. Salisbury Court	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 1 / 2 0 0 8</div> </div>
City Lawrence State KS Zip Code 66049	Amount of Each Disbursement this Period
Purpose of Disbursement taxi cap expense - DC	<div> <div>19.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

675.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Lynn Jenkins for Congress

A.

Full Name (Last, First, Middle Initial)

Joshua K. Lewis

Mailing Address 544 N. Salsbury Court

City Lawrence State KS Zip Code 66049

Purpose of Disbursement
taxi cab expense - DC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.11303.11

Date of Disbursement

11 / 19 / 2008

Amount of Each Disbursement this Period

8.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Joshua K. Lewis

Mailing Address 544 N. Salsbury Court

City Lawrence State KS Zip Code 66049

Purpose of Disbursement
turnpike toll expense - Wichita & KC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.11303.14

Date of Disbursement

11 / 22 / 2008

Amount of Each Disbursement this Period

13.05

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Joshua K. Lewis

Mailing Address 544 N. Salsbury Court

City Lawrence State KS Zip Code 66049

Purpose of Disbursement
Final payroll expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.11328

Date of Disbursement

12 / 19 / 2008

Amount of Each Disbursement this Period

1604.19

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1604.19

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Lynn Jenkins for Congress

A. Full Name (Last, First, Middle Initial) McElhaney Fence Builders Mailing Address 580 N. 400 Road	Transaction ID: SB17.11312 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 0 8</div> </div>
City Overbrook State KS Zip Code 66524 Purpose of Disbursement t-posts for campaign signs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div> <div>1031.90</div> <div>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
B. Full Name (Last, First, Middle Initial) Robert C. Mealy Mailing Address 5637 S.W. 36th St.	Transaction ID: SB17.11295 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 1 / 2 0 0 8</div> </div>
City Topeka State KS Zip Code 66614 Purpose of Disbursement Payroll expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div> <div>715.01</div> <div>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
C. Full Name (Last, First, Middle Initial) Robert C. Mealy Mailing Address 5637 S.W. 36th St.	Transaction ID: SB17.11318 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 8 / 2 0 0 8</div> </div>
City Topeka State KS Zip Code 66614 Purpose of Disbursement Expense reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div> <div>43.54</div> <div>Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>

SUBTOTAL of Disbursements This Page (optional)

1790.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Lynn Jenkins for Congress

A. Full Name (Last, First, Middle Initial) Postmaster	Transaction ID: SB17.11318.0 Date of Disbursement
Mailing Address 424 S Kansas AVE STE 1	<div> <div><div>M</div><div>M</div></div> / <div><div>D</div><div>D</div></div> / <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> <div>11</div> / <div>10</div> / <div>2008</div> </div>
City Topeka State KS Zip Code 66603	Amount of Each Disbursement this Period
Purpose of Disbursement mailing expense Candidate Name <div>Category/Type</div>	<div>9.30</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	Transaction ID: SB17.11317 Date of Disbursement
Mailing Address 320 FIRST STREET	<div> <div><div>M</div><div>M</div></div> / <div><div>D</div><div>D</div></div> / <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> <div>12</div> / <div>08</div> / <div>2008</div> </div>
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement Leader Boehner travel Candidate Name <div>Category/Type</div>	<div>1316.19</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Inc Pro Print	Transaction ID: SB17.11308 Date of Disbursement
Mailing Address 2028 S.W. Gage Blvd	<div> <div><div>M</div><div>M</div></div> / <div><div>D</div><div>D</div></div> / <div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> <div>12</div> / <div>08</div> / <div>2008</div> </div>
City Topeka State KS Zip Code 66604	Amount of Each Disbursement this Period
Purpose of Disbursement Printing expense Candidate Name <div>Category/Type</div>	<div>37.55</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1353.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 25

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Lynn Jenkins for Congress

A.

Full Name (Last, First, Middle Initial)

William A. Roe

Mailing Address 3300 Eveningside Dr.
Apt. 29

City State Zip Code
Topeka KS 66614

Purpose of Disbursement

Payroll expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.11296

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1089.26

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Sprint

Mailing Address P.O. Box 660075

City State Zip Code
Dallas TX 75266-0075

Purpose of Disbursement

Cell phone expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.11331

Date of Disbursement

/ /

Amount of Each Disbursement this Period

369.38

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1458.64

TOTAL This Period (last page this line number only)

43971.66

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 25

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Lynn Jenkins for Congress

A.

Full Name (Last, First, Middle Initial)

Dana Anderson

Mailing Address 401 Wilshire Blvd
Suite 700

City State Zip Code
Santa Monica CA 90401

Purpose of Disbursement
Excess general election refund

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB20A.11325

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	8		2	0	0	8

Amount of Each Disbursement this Period

2300.00									
---------	--	--	--	--	--	--	--	--	--

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

2300.00

SCHEDULE C (FEC Form 3)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 25 / 25

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Lynn Jenkins for Congress

Transaction ID: SC/10.4998

LOAN SOURCE Full Name (Last, First, Middle Initial)
Lynn Jenkins - [PERSONAL FUNDS]

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address 5940 S. W. Clarion Lane

City Topeka State KS ZIP Code 66610

Original Amount of Loan

101231.75

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

101231.75

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
0 6D D
2 5Y Y Y Y
2 0 0 7

None

0.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

101231.75

TOTALS This Period (last page in this line only) ▶

101231.75

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.